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in the Un	IITED STATES PATENT AND TRADEMARK	OFFICE PATENT APPLICATION
	Group Art Un Examiner:  Atty. Dkt.  Appin. Title:	

Sir.

## REPLY/AMENDMENT/LETTER

Date: November 10, 2004

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

## FEE REQUIREMENTS FOR CLAIMS AS AMENDED

1. Small Entity claim							
A.   NOI made B.   Withdrawn C.   made herewith D.   made previously  A.   See Required Separate Paper (Pat-256)	Ctaims remaining after amendment	Highest number Present Ex previously paid for		Present Extra	Large/Small Entity	Additional Fee	Fee Code Lg/Sm
2. Total Effective Claims	19	**minus	39	0	x \$18/\$9 =	+\$0	1202/2202
3. Independent Claims	4	***minus	6	0	x \$86/\$43 =	+\$0	1201/2201
4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application)						+\$0	1203/2203
Petition is hereby made to exterm date to cover the date this response requisite fee is attached	+\$110		1251/2251 1252/2252 1253/2253 1254/2254 1255/2255				
7. Enter any previous extension fee paid since above original due date and subtract - \$0							
8. Extension Fee						+110	
9. If Terminal Disclaimer attached, add Rule 20(d) official fee					+ \$110/\$55	+ \$0	1814/2814
10. If IDS attached requires Official Fee under Rule 97 (c),					+ \$180 + \$180	+ \$0	1806 1806
11. After-Final Request Fee per rules 129(a) and 17(r)					+ \$770/385	+\$0	1809/2809
12. No. of additional inventions for examination per Rule 129(b)					x \$770/385 ea	+\$0	1810/2810
13. Request for Continued Examination (RCE)					+ \$770/385	+\$0	1801/2801
14. Petition fee for						+\$0	
15. TOTAL FEE =					\$110		
<ul> <li>16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0".</li> <li>17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.</li> <li>18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.</li> </ul>					PLEASE CHARGE OUR DEP. ACCT		

18. \*\*\* If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.

Our Deposit Account No. 16-1805) (Our Order No. 081103 0300179

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee untillunless an issue fee transmittal sheet is Med.

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

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Atty/Sec: RHZ/kd

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments